Application Number Filing Date **CLAIMS ONLY** 10-617328 Applicant(s) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Depend .52 3-·57· DEST AVAILABLE COPY -19-21-24 -35-- 85 38 THE PER 39. Total Total Indep Indep Total Total Depend Depend Total Total Claims